

CITY OF GARDNER

DEPARTMENT OF COMMUNITY DEVELOPMENT AND PLANNING



OWNER: _____

CASE NO: _____

SUPPLEMENTAL TENANT APPLICATION HOUSING REHABILITATION PROGRAM

Dear Tenant:

I am pleased to inform you that your landlord has applied for assistance in rehabilitating your housing unit from the City of Gardner's Housing Rehabilitation Program. Our program directly benefits low and moderate income tenants (and homeowners) by helping to correct code violations, increasing energy efficiency, and making general improvements on the property in which you live. Your landlord, as a condition of receiving the assistance, has agreed not to raise your rent above the limits allowed by the Commonwealth of Massachusetts for the next fifteen (15) years.

Before your landlord can be approved for assistance under this program, we must verify the income levels of all tenants living in this property. **THIS INFORMATION IS HELD IN STRICT CONFIDENCE** and will NOT be made available to your landlord.

Please fill out the attached tenant income survey and a request for verification of income for each source of household income. Feel free to make additional copies or contact my office for extra forms. Complete Section A and sign each form where indicated. Do not turn this form in to your employer. Return the income survey and all requests for income verification to the Community Development and Planning Office, 115 Pleasant Street, Room 201, Gardner, MA 01440.

The goal of this program is to provide decent, safe, sanitary housing while keeping current tenants where they are. You will not be displaced. In some instances, temporary relocation may be necessary for health and safety reasons. If these circumstances do arise, advisory and/or reasonable financial assistance will be available.

If you have any questions about filling out the form or if you have any questions regarding this program, please feel free to call the Community Development Block Grant office at 978-632-3800.

City Hall Annex, 115 Pleasant Street, Room 201, Gardner, Massachusetts 01440
Telephone: (978) 630-4011 ♦ Facsimile: (978) 632-1905 ♦ CDBG (978) 632-3800

HOUSING REHABILITATION PROGRAM TENANT HOUSEHOLD INCOME

Summarize your household income and complete both pages of this form plus Section A **only** of the Income Verification Form. You **must verify all income of all adults residing in your house or apartment. Please enclose copies of your paystubs for the previous eight (8) weeks for each wage earner.**

Wage Earner #1 Wage Earner #2

Name: _____ Name: _____

SSN: _____ SSN: _____

\$ _____	Wage or Salary	\$ _____
_____	Social Security	_____
_____	Disability Payments	_____
_____	Pension/Annuity/Retirement	_____
_____	Welfare Payments	_____
_____	Unemployment Benefits	_____
_____	Workmen's Compensation	_____
_____	Veteran's Benefits	_____
_____	Bank Interest	_____
_____	Self-Employment Wage	_____
_____	Other Income (Child care, Odd Jobs)	_____
\$ _____	Yearly Gross Income	\$ _____

(Use additional pages, if necessary)

Rent-Mortgage Per Month: \$ _____

Monthly Utility Cost (if paid separately):

Heat: \$ _____ (gas and oil)
Electricity: \$ _____
Other: \$ _____

Do you receive rental assistance? (eg. Sec. 8, 707) Y____ N____

If yes, what type of assistance? _____

Please list **all persons** living in household (not just family members, boyfriends, girlfriends, etc.):

Name	Age	Relationship to You or Your Family

(Use additional sheets if necessary)

Total Number in Household:

Adults: M_____ F_____ Children: (under 18) M_____ F_____

Total Number of Children Under the Age of 7: _____

Racial /Ethnic Group (White, Black, Hispanic, etc): _____

Head of Household:

Male_____ Female _____ Elderly _____ Handicapped _____

Total Number of Elderly:

Male _____ Female _____

Total Number of Handicapped:

Male _____ Female _____

I/We certify that the amounts of income and other information provided above are true to the best of my ability and is in accordance with the information on my/our most recent Federal Tax Return (if one was filed).

Signature: _____ Signature: _____

Date: _____ Date: _____

Please return this form to:

City of Gardner
Community Development
115 Pleasant Street, Room 202
Gardner, MA 01440
(978) 632-3800

HOUSING REHABILITATION INCOME VERIFICATION

SECTION A (To be completed by applicant)

Name: _____

Social Security No: _____

Address: _____

Return Completed Form To:

CDBG Administrator
City of Gardner
Dept. of Community Development and Planning
115 Pleasant Street
Room 202
Gardner, MA 01440

Please Mark "Confidential"

Date of Request: _____

Name of Employer,
AFDC, SSI, etc.: _____

Address: _____

Authorization: I hereby authorize release of information listed below.

X_____

Signature

SECTION B (To be completed by Employer **Only**)

Date Hired: _____ Full: _____ Part Time: _____ Any Overtime: _____ (Y or N)

Current Income:

\$ _____	per week or
\$ _____	per month or
\$ _____	per year

Additional Compensation: Type: _____

Amount: \$_____

Dates of Compensation: _____ Beginning: _____

Ending: _____

Comments: _____

Verified By: _____

(Print or Type)

Signature: _____

Date: _____

NOTE: The person identified above has authorized this agency to obtain income verification for confidential use under U. S. Department of Housing and Urban Development Guidelines. Your prompt attention is appreciated.